

South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Suite 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD_44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

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Spearfish, SD 57783				
Name of Institution: Address: 2800 Jackson BIVD, Rapid City, SIDS 7702 Address: 3800 Jackson BIVD, Rapid City, SIDS 7702 Asisy Houses address 9105th Street, Rapid City 5D 57701 Phone Number (605) 343-3380 Fax Number: (605) 343-3602 E-mail Address of Faculty: mjb 6149 @ a01.com Mardeena Bentz RN				
E-mail Address of Faculty: MJ B 6 149 (B)	aor.	-0111 111.00	recession	50112101
Select option(s) for Re-Approval: Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or curriculum List personnel and licensure information Complete evaluation of the curriculum Request re-approval with faculty changes and/or curriculum changes List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel Complete evaluation of the curriculum Submit documentation to support requested curriculum changes				
List Personnel and Licensure Informa	tion:			
Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)				
			RN LICENSE	
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)
	50	R009636	10/09/2012	bombar 311 M2
If requesting new Program Coordinator, attach curriculum vita, resume, or work history Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)				
RN OR LPN LICENSE				
Name of Primary Instructor	State	Number	Expiration Date	Verification (Completed by SDBON)
Mardeenakents RN	SD	R009636	10/09/2012	1 19th W31/12
☐ If requesting new Primary Instructor, attasupporting previous experience in teachin course in the instruction of adults. Supplemental Personnel may assist with instru	g adults w	itinin the past rive y	rears or documen	itation of completing a
Supplemental Personnel may assist with insul	عاد المام المامات الم	mithamnist (ADS	D 44-04-18-12)	Tf requesting new

practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new 1

Supplemental Personnel, attach curriculum vita, resume, or work history.



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LICENSURE/REGISTRATION			N
State	Number .	Expiration Date	Verification (Completed by SDBON)
			-
	State		State Number Expiration

 Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard Program was no less than 75 hours.	Yes	No
Provided minimum 16 hours of individuals	1	
contact.	V	
Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8 students for one instructor.		
Provided instruction on each content area (see ARSD 44:04:18:15):	2	
basic nursing skills	2	
Personal care skills		
Mental health and social services	1	
Care of cognitively impaired clients	1	
Basic restorative nursing services		
Residents' rights	-	
Students did not not	1	-
Students did not perform any patient services until after the primary instructor found the student to be competent	2	
Students only provided patient services under the supervision of a licensed nurse		
Your agency maintains a 75% pass rate of students on the competency evaluation	1	
(written and skills exam taken through the SD Healthcare Association).	2	

3.	Sub	mit Documentation to Support Requested Curriculum Changes:
Name	of Cou	rse (if applicable):
A vari instru D S Submi	ety of toction, a ubmit r it docur ehavior urriculu A n Can	eaching methods may be utilized in achieving the classroom instruction such as independent study, video and online instruction. eference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc., etc., eference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc., effective list of teaching materials utilized (include name of book or resource, publisher, publication date, etc., effective such as a supervised performance criteria for each unit of curriculum mr, objectives and agenda documenting the requirements for the minimum 75 hour course as follows: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights. Inimimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective etc.; the instructor ratio may not exceed eight students for one instructor. Fruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;

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		Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors;						
		needs and behaviors;	oring: communication and techniques for addressing unique					
		Basic restorative nursing services, including: self-care; use of assistive devices in transferring: ambulation						
		and training; and care and use of prosthetic and orthotic devices; Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.						
Program	Caord	inator Signature: <u>Mardeona</u>	Benty Rg Date: 13/01/2012					
This secti	on to	be completed by the South Dakota Box	and of News					
			ard of nursing					
Date Application Received: 211/12 Date Application Denied:								
Expiration	Date (of Approval: March 2011	Reason for Denial:					
Board Rep	resent	ative:						
Date Notice Sent to Institution: 31(112)								
		1						

October 20, 2011

3/01/2012 To: S.D. Board of Nursing. Stephanie Orth fax (605) 642-1389 From. Mardeena Benty RM ph (605) 390-6149 Re: application for Re-approval of Training Program (nume aide) TEXT The Instructor's Guide + Student Warkbook we used was Harlman's newing assestant Care Longterm Care and Home Health which Nancy approved. Published 2009 by Hartman Publishing, Ine (web: hartman on line.com)

Stephunie Lam foring 1pg of Copy of my RM renewal and L'riveradisense) 3pg of Reapplication Darme. Thanks for your assistance. Mardeena Bentz RM